

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042154

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 29 1962

Primary Registration District No. **5417** Registrar's No. **18**

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruth		c. CITY OR TOWN Caruth	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Caruth, Mo. Clay Twn		d. STREET ADDRESS (If outside, give location) no Street Number	
3. NAME OF DECEASED (Type or print) Thomas Edgar Hemingway		4. DATE OF DEATH Month Nov. Day 21 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/3/1880
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 2 Days 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government employee		10b. KIND OF BUSINESS OR INDUSTRY --	
11. BIRTHPLACE (City and state or country) Bullett Co. Ky.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Hemingway		13b. MOTHER'S MAIDEN NAME Laura Wilkerson	
14. NAME OF HUSBAND OR WIFE Laura Hemingway, Caruth, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Laura Hemingway, Caruth, Mo.		17. ADDRESS Caruth, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) atheriosclerotic heart dis. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH min years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:00 a.m. Month, Day, Year Nov. 21, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kennett, Mo.		
21. I attended the deceased from 1956 to 1962 and last saw her/him live on 9 Oct 62 Death occurred at approximately 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joel A. Zimmerman M.D.		22b. ADDRESS Kennett, Mo.	
22c. DATE SIGNED 11-23-62		22d. LOCATION (City, town, or county) (State) Kennett Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/23/1962	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge	
24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 26, 1962	26. REGISTRAR'S SIGNATURE Sue Palanski	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 657
working under my personal supervision.

Student Benny W. Boudreau
Signature of Student Embalmer

Signed Thomas G. Pookwood

Licensed Embalmer No. 4857

P. O. Address Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit not obtained - SP